



**TEXAS STATE BOARD  
OF EXAMINERS  
OF PSYCHOLOGISTS  
333 Guadalupe • Suite 2-450  
Austin, Texas 78701  
Investigations: (512) 305-7709**

For Agency Use:

Date Rec'd:

Case Number:

ID Number:

License Number:

**COMPLAINT FORM**

Please fill out this form completely. Use black or blue ink; print or type clearly.

Please note that the Board only has the authority to investigate its licensees or unlicensed persons claiming to provide psychological services.

The Board licenses: Psychologists, Provisionally Licensed Psychologists, Psychological Associates, and Licensed Specialists in School Psychology.

**Date:** \_\_\_\_\_

Your Full Name (Print or Type)		Your Address (Street)	
Home Telephone #: (    ) Work Telephone #: (    ) Cellular Telephone #: (    ) Fax #: (    ) Email Address:		Your (City, State, Zip)	
Licensee Involved:			
Address:		City, State, Zip	
Licensee's Telephone #: (    )			
Additional Licensee Involved (if applicable):			
Address:		City, State, Zip	
Unlicensed Person Claiming to Provide Psychological Services:			
Name:			
Address:		City, State, Zip	
Conduct being reported (attach additional pages if needed):			


Please enclose any additional documentation that will support your allegations. Court documents, including transcripts, reports, depositions, etc., that are the basis of a complaint must be provided before an investigation may proceed.

I acknowledge and understand that by filing this complaint, I am giving the Board permission to inquire into information that is normally held confidential between me and the licensee.

**Waiver**

**I further understand that by signing this Complaint, I am giving the Texas State Board of Examiners of Psychologists permission to release and reveal my identity, as the person who filed the Complaint, to the Licensee named herein and any other person necessary for the investigation and prosecution of this Complaint.**

**Authorization for Release of Information**

Subject to any exceptions or reservations which I have indicated below, I hereby authorize the Licensee(s) named herein, to release and disclose to the Texas State Board of Examiners of Psychologists, any and all correspondence and individually identifiable health information, including, but not limited to documents evidencing informed consent, therapy charts, intake information, diagnosis, reports, evaluations, narratives, psychotherapy notes, and billing records, concerning \_\_\_\_\_ (Patient’s name).

**ITEMS EXCEPTED FROM RELEASE (OPTIONAL):** The following information (or categories thereof) is hereby excepted from this release, and is **NOT** to be released by the Licensee(s):\_\_\_\_\_.

The purpose for this release is to allow the Texas State Board of Examiners of Psychologists to investigate this complaint against the Licensee(s) named herein. The information described herein shall be released to:

Texas State Board of Examiners of Psychologists  
333 Guadalupe, Tower 2, Suite 450  
Austin, Texas 78701

I understand that this authorization is voluntary and that I may refuse to sign this authorization. I also understand that the patient’s health care and the payment for that health care will not be affected if I do not sign this form. However, I acknowledge and understand that in the event I do not voluntarily sign this form, federal and state law may prohibit the Licensee from voluntarily releasing this information to the Texas State Board of Examiners of Psychologists, and the Board may be unable to investigate or prosecute this complaint.

I further understand that the Licensee’s release of any individually identifiable health information identified in this release will continue to be protected by federal and state privacy statutes and regulations.

**NOTE:** The Texas State Board of Examiners of Psychologists is not a covered entity as defined by federal government regulations regarding privacy of patient records. The Board is, however, required by state law (Texas Health and Safety Code, Chapter 181) and its own confidentiality statute (Tex. Occ. Code Ann. §501.205) to protect the privacy of patient health information and to provide this notice. This investigation may require that records be disclosed to Board staff, Board members, other state agencies, the Legislature, the Board's outside experts, and other parties or participants in an administrative hearing or court proceeding regarding your complaint.

I acknowledge and understand that this release shall remain effective for a period of one year from the date of this form, unless otherwise indicated in the optional expiration date below.

**OPTIONAL EXPIRATION DATE:** I desire this authorization to be in effect until:\_\_\_\_\_.

I further understand that I may revoke this authorization at any time by notifying the Licensee in writing at the Licensee's address. I also understand that the written revocation must be signed and dated with a date that is later than the date on this form. A revocation will not affect any actions taken before the receipt of the revocation.

If the Complainant and patient are not the same individual, please describe Complainant's relationship to the patient, and attach any documentation evidencing his or her legal authority to act on the patient's behalf (i.e. guardianship, power of attorney, court order, etc.).

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\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Mail to:

Texas State Board of Examiners of Psychologists  
333 Guadalupe · Suite 2-450  
Austin, Texas 78701